

1 UNITED STATES DISTRICT COURT  
2 EASTERN DISTRICT OF NEW YORK

3 UNITED STATES OF AMERICA,

23-CR-475 (DLI)

4 United States Courthouse  
Brooklyn, New York

5 -versus-

March 22, 2024  
12:00 p.m.

6 JAMES YOUNG,

7 Defendant.

8 -----x  
9 TRANSCRIPT OF CRIMINAL CAUSE FOR STATUS CONFERENCE  
10 BEFORE THE HONORABLE DORA L. IRIZARRY  
UNITED STATES SENIOR DISTRICT JUDGE

11 APPEARANCES

12 For the Government: UNITED STATES ATTORNEY'S OFFICE  
13 Eastern District of New York  
271 Cadman Plaza East  
14 Brooklyn, New York 11201  
BY: STEPHANIE PAK, ESQ.  
MATTHEW HAGGANS, ESQ.  
15 Assistant United States Attorneys

16 For the Defendant: FEDERAL DEFENDERS OF NEW YORK  
17 BY: ALLEGRA GLASHAUSSER, ESQ.

18 Also Present: SOPHIA PAPAPETRU, MDC Legal  
19 ROBERT BEDDOE, MDC Health

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23 Proceedings recorded by mechanical stenography. Transcript  
24 produced by computer-aided transcription.

## STATUS CONFERENCE

1 (In open court.)

2 THE COURTROOM DEPUTY: All rise. Criminal cause for  
3 a status conference, docket 23-CR-475, United States vs. James  
4 Young.

5 State your appearances.

6 MS. PAK: On behalf of the Government, Stephanie  
7 Pak. With me at counsel table is Assistant United States  
8 Attorney Matthew Haggans, as well as representatives from the  
9 MDC, representative MDC legal and MDC health, Sofia Papapetru  
10 and Robert Beddoe. Good afternoon, your Honor.

11 THE COURT: Good afternoon to all of you. Please  
12 have a seat.

13 MS. GLASHAUSSER: Good afternoon, your Honor.  
14 Allegra Glashausser representing James Young who is seated  
15 next to me.

16 THE COURT: Good afternoon to all of you. I will  
17 ask everyone, please, to remain seated for this proceeding.

18 It's unfortunate that we have to be here because  
19 since the last time that we were here, given the protocols  
20 that were put into place, discussions that were had by the  
21 Government with the Bureau of Prisons, specifically the MDC,  
22 conversations I had with the warden which I disclosed to the  
23 parties the last time we were here, and the open communication  
24 that there has been between the United States Attorney's  
25 Office and defense counsel -- while issues came up they were

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1 being addressed fairly quickly and it seems reasonably so it  
2 did not require any court intervention. It's just not clear  
3 to me how all of this could have fallen apart.

4 The Court had been regularly receiving the status  
5 reports on a weekly basis from the Government. And on  
6 March 13, in that weekly report, the Government reported that  
7 Mr. Young was continuing to receive his antibiotic therapy,  
8 his physical therapy, and occupational therapy. And also  
9 based on medical records from the medical facility, indicated  
10 that Mr. Young had received a monthly exam with a primary care  
11 physician who -- and this is critical -- who determined that  
12 Mr. Young should continue the current care plan.

13 Then there was an issue about getting meals that had  
14 been consistent with his observation of Ramadan and apparently  
15 that had been addressed as well.

16 Then, things fell apart. It fell apart because of  
17 the intervention of the Bureau of Prisons, of the MDC. The  
18 Court was informed by letter from the Government on March 14,  
19 this is now the very next day after I received the status  
20 report -- I have to say, I do appreciate getting the courtesy  
21 copies immediately, I appreciate that very much from both  
22 sides -- informing the Court that Mr. Young had been  
23 discharged from the medical facility and returned to the  
24 custody of the Bureau of Prisons at about 7:00 o'clock that  
25 night. So that was March 14. The Marshals had informed the

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1 Government about this shortly after Mr. Young had been taken  
2 into custody. According to the Government's letter, defense  
3 counsel was informed as well as soon as the Marshals learned  
4 of the discharge.

5 The Government indicated it would look into the  
6 situation and report back to the Court promptly, which it did  
7 the very next day. Apparently, based on the Government's  
8 discussions with MDC counsel and the medical facility staff,  
9 that day, March 15, apparently the medical staff had assessed  
10 Mr. Young's condition on March 13 and determined that he was  
11 medically fit to be returned to the MDC. Notably, the status  
12 that was provided to the Court on March 13 did not indicate  
13 that, but as I said, rather indicated that the primary care  
14 physician had determined that Mr. Young should continue the  
15 current care plan, which meant being at the facility, getting  
16 the medical treatment that he was getting.

17 And in addition to that, it wasn't mentioned in this  
18 particular letter of March 13, but, there had been ongoing  
19 discussions about scheduling and rescheduling a surgery  
20 consult. There seems to be no dispute that Mr. Young is in  
21 need of some surgery. The question is the scheduling of the  
22 surgery itself, if my recollection serves me well.

23 What is troubling is how the MDC medical staff  
24 apparently went about its assessment that Mr. Young could  
25 return to the MDC, that apparently the medical facility staff

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1 agreed with, even though what they reported a few days before.  
2 They claim the wound was healing without leakage. He was able  
3 to change his wound dressings and better perform his daily  
4 living tasks, get in and out of bed without assistance, and a  
5 whole load of medical records were attached. The medical  
6 staff apparently learned that Mr. Young would be transferred  
7 back to the MDC the morning of March 14.

8 There are multiple problems with all of this. First  
9 of all, there seems to be contradiction between the ongoing  
10 assessment and the assessment that was made by the medical  
11 staff from the MDC. But most importantly, and what brought  
12 this Court on the verge of holding the MDC and the Government  
13 in contempt for that matter, was the failure to comply with  
14 court orders.

15 The last order that I issued was that Mr. Young was  
16 not to be removed, transferred, from the medical facility  
17 without prior notice to the Government, to defense counsel and  
18 to the Court. That doesn't mean, oh, by the way we're telling  
19 you that we're moving him to the MDC. No. That's not what I  
20 call notice. And anyone who argues that to me today will not  
21 do that because it's facetious at best. It was intended to  
22 give all of us the opportunity to get together and have a  
23 serious discussion about whether or not this was the best way  
24 to proceed in Mr. Young's case, which is a very unusual  
25 situation. This is not the run of the mill medical case that

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1 the Bureau of Prisons confronts itself with.

2 So I did get a letter as well from defense counsel  
3 on March 16 which provided additional information. It  
4 presents a different picture of how the medical assessment was  
5 made to begin with and what the medical records say as well.

6 It does not seem from the description, I don't want  
7 to get into it in too much detail, the medical records  
8 indicate the infection is current. It doesn't say anything  
9 about the assessment made of the wounds. The MDC doctor  
10 apparently did not examine Mr. Young. He claimed Mr. Young  
11 didn't cooperate and instead wanted to discuss the issue with  
12 the timing of meals during Ramadan.

13 It just defies any kind of understanding or  
14 reasoning how a doctor can make an assessment of a person's  
15 condition without conducting his or her own examination of a  
16 person. He was supposed to have an offsite wound care  
17 appointment sometime next week. I highly doubt that was going  
18 to happen with him being transported to the MDC, given the way  
19 that the MDC schedules things and does things. The record  
20 also says that he was still waiting for the initial orthopedic  
21 surgery appointment that had to be rescheduled due to  
22 staffing.

23 Counsel explains that the medical records do not  
24 state that Mr. Young was medically fit to go to the MDC, but  
25 that the plan was for him to return to MDC Brooklyn as soon as

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1 staffing will allow. I'm not sure what that means. It seems  
2 that there was still a lot of medical treatment that had to be  
3 accomplished before that could happen, including the  
4 orthopedic surgery consult, the wound treatment appointment,  
5 and so on.

6 Then he gets sent to the MDC without his  
7 medications. Here we go again. Contrary to what the MDC  
8 doctor said, apparently, Mr. Young's medical records from the  
9 facility indicate that Mr. Young required extensive assistance  
10 with his daily living activities and that he was benefiting  
11 from the physical therapy and the treatments overall that he  
12 was getting and he needed the continued medication is. There  
13 is no way he's going to get the daily therapy at the MDC.

14 I don't know who wants to go first here.

15 I know I only summarized some of what you provided  
16 in your letter, Ms. Glashausser, I don't know if there is  
17 anything else that you want to report that is more current  
18 than that.

19 MS. GLASHAUSSER: I think your Honor hit the  
20 important bits. I did see Mr. Young at MDC just two days ago  
21 where he was wheeled out in his yellow jumpsuit.

22 THE COURT: That was the other thing, yes. The  
23 scarlet letter jumpsuit.

24 MS. GLASHAUSSER: Yes.

25 THE COURT: I'm sorry, I interrupted you.

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1 MS. GLASHAUSSER: No, thank you, your Honor.

2 He is ostracized in the same way that your Honor  
3 noted was happening in December. These are similar concerns.  
4 He has one pair of underwear. He does not have an undershirt,  
5 today he just has the jumpsuit on. It's all the same things  
6 that were happening in December. Nothing seems to have  
7 changed significantly with his medical condition. He still  
8 has the open wound, which is what he's awaiting the surgical  
9 consult for. I don't think MDC disputes the medical issues,  
10 but here we are. He has not received his medications that he  
11 was taking at Windsor Park obviously.

12 THE COURT: Any?

13 MS. GLASHAUSSER: My understanding, I don't know if  
14 we need to get into the details on this, there was one  
15 medication, you can see it in his Windsor Park records. One  
16 they tried recently that had given him an allergic reaction.  
17 Right after my visit with Mr. Young, they offered him that  
18 medication. He said that was the one that caused that  
19 reaction. It's well-documented in the record. Other than  
20 that, he has not received his medication.

21 Your Honor, he's locked in his cell the vast  
22 majority of the time, more so than the other incarcerated  
23 people. Because everyone at the facility is -- they know  
24 that -- he's being ostracized for a reason. They are  
25 concerned about interacting with him. The other incarcerated

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1 folks do not allow him to use the phone or other common  
2 facility items because of their concern of the infection.  
3 He's explained that also he has been unable to shower because  
4 of that concern.

5 THE COURT: Ms. Pak?

6 MS. PAK: The Government would acknowledge that your  
7 Honor's timeline of events up to today's status conference is  
8 accurate.

9 As the Court ordered, the Government is here with  
10 MDC legal and MDC health so the parties can better address  
11 some the circumstances that led us here today.

12 THE COURT: Ms. Papapetru, do you want to address  
13 these issues, please?

14 MS PAPAPETRU: I will address a few of the issues.

15 This is the first I'm hearing in regard to the  
16 concerns about the undergarments that Mr. Young is missing.  
17 So that's something that I'll address immediately with the  
18 unit manager. And with respect to his safety concerns and  
19 using the shower and the phone, I have not heard of that. I  
20 will refer that to the unit manager and the case manager.

21 With respect to Mr. Young being returned to the  
22 institution, Mr. Beddoe will speak on that further. However,  
23 I was not notified. I do in fact understand how significant  
24 this is and that your Honor was to be notified prior to his  
25 movement. And had I been notified, I would have immediately

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1 notified the Government so that they can relay that  
2 information.

3 THE COURT: The point of the order was not just to  
4 say this, by the way, this is what we're doing, we're  
5 transferring him. No.

6 The point of providing notice was so that everyone  
7 could be heard prior to him being transferred to avoid what  
8 happened here. That's the concern. Because he was making  
9 progress, and so now we're setting back his progress because  
10 for some reason that I don't understand, MDC wants him back  
11 there.

12 I'm just not understanding how the MDC was not aware  
13 of the standing order of the Court. The warden was aware of  
14 the standing order of the Court. I had every assurance from  
15 the warden that court orders would be carefully obeyed. I  
16 advised the warden that I was pretty sick and tired of wardens  
17 giving lip service to the judges of this court about how they  
18 would comply with court orders. This has been a sore spot for  
19 forever. Twenty years I've been on this court, it's been like  
20 that from day one. It's been addressed with every single  
21 director of the national director of the BOP that has been  
22 appointed to that position since I've been on this court,  
23 there have been multiple.

24 Perhaps we should hear from Mr. Beddoe about what is  
25 going on here, because I don't understand.

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1 MS PAPAPETRU: One point, your Honor.

2 THE COURT: Yes.

3 MS PAPAPETRU: I assure you, the warden was not made  
4 aware of any movement because he would have, as he assured  
5 you, that would have been communicated to you immediately. He  
6 found out --

7 THE COURT: Who makes this decision? Don't people  
8 talk to each other over there? They should know -- this case  
9 has reached the notice of the public. There have been news  
10 articles written about this.

11 MS PAPAPETRU: Mr. Beddoe will give more detail.  
12 However, the movement occurred significantly faster due to a  
13 variety of reasons. Normally the movement would have taken at  
14 least three days to occur; however, it took less than 24 hours  
15 in this instance.

16 THE COURT: Why? That's incredibly interesting to  
17 me. Because I have never found the MDC to move that quickly.  
18 Rarely. So why all of a sudden now? I would like to know.

19 MR. BEDDOE: Is it my turn?

20 THE COURT: Yes, sir.

21 MR. BEDDOE: I'm a health service administrator at  
22 MDC Brooklyn. I don't know if I've been before you before.

23 THE COURT: I don't think so.

24 MR. BEDDOE: Myself and Dr. Bailer (ph) the clinical  
25 director.

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1                   THE COURT: I know who he is.

2                   MR. BEDDOE: He may have appeared before you as  
3 well.

4                   THE COURT: Several times.

5                   MR. BEDDOE: In an effort for us to be more  
6 efficient, what we started doing was going to the nursing  
7 homes to make rounds ourselves to make sure their care was  
8 appropriate, timely, and affective for all the inmates who are  
9 there. Because while they are not in federal building, we  
10 still are responsible for their care and what happens to them.

11                  So on the 13th we started to make our rounds. We  
12 try to do it frequently, we do our best to make this on a  
13 monthly or as frequently as we can rounds.

14                  We saw Mr. Young there at the facility. We  
15 discussed his case there. Dr. Bailer who in discussions with  
16 Mr. Young understood from what he said he was not needing any  
17 assistance and he was not getting any physical therapy or  
18 wound care services at the facility when we spoke to him that  
19 morning. He was able to stand --

20                  THE COURT: Did you all bother to review his medical  
21 records before you examined him?

22                  MR. BEDDOE: Before examining him at the facility?

23                  THE COURT: Yes.

24                  MR. BEDDOE: We went -- we have some information  
25 available to us, but obviously there is --

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1                   THE COURT: The answer is no. I can tell from the  
2 way you're doing the courtroom shuffle that the answer is no.

3                   I don't understand how any doctor worth his or her  
4 salt in any way could ever go to examine somebody without  
5 first reviewing the medical records of that person.

6                   MR. BEDDOE: You're correct. I understand what  
7 you're saying.

8                   THE COURT: Are you a doctor?

9                   MR. BEDDOE: I'm a paramedic and administrator of  
10 the department.

11                  THE COURT: You're a paramedic. You're in no  
12 position to assess as a paramedic. You do not have the level  
13 of expertise of as a paramedic. We should have had Dr. Bailer  
14 here.

15                  MR. BEDDOE: I'm here in his -- he's not in this  
16 week. I'm trying to do my best to articulate what he --

17                  THE COURT: You send a paramedic. A paramedic is  
18 not qualified to make any of these assessments.

19                  MR. BEDDOE: I wasn't making the assessment. I  
20 understand your frustration. I was a party to being there.  
21 With Mr. Young being able to maintain all his activities of  
22 daily life, his statements that he was receiving no wound  
23 care, and able to independently do his wound care and he was  
24 not getting any physical therapy --

25                  THE COURT: That's not consistent with what the

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1 medical records --

2 MR. BEDDOE: Those are not our records. This is  
3 what he's telling us.

4 THE COURT: The medical facility has the records.  
5 You go to the medical facility. You don't look at the medical  
6 records? The Government was able to get the medical records.  
7 If Dr. Bailer is going to make some assessment then he looks  
8 at the medical records. What discussion was had with the  
9 medical facility people there?

10 MR. BEDDOE: That day we spoke to all of the inmates  
11 that we had at that the facility, which we have several. We  
12 spoke about each one, what is their status, can they return.

13 THE COURT: You spoke to the inmates. That doesn't  
14 tell me that you spoke to the medical providers.

15 MR. BEDDOE: I'm sorry if I didn't say that clearly  
16 enough. We spoke to each individual in our custody that was  
17 there, as well as director of nursing to discuss each case  
18 with her, the person in charge of the overall care there and  
19 management of the facility. We spoke about each individual  
20 case. So that's before we make any discussion we take into  
21 consideration what they are telling us, what we saw, and that  
22 way if there is a change we can make sure we make that change.  
23 We spoke to that head of the facility before we made any  
24 decision.

25 THE COURT: None of that is consistent with just

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1 looking at the first page of medical records that were part of  
2 Exhibit A that was provided by Ms. Glashausser with her  
3 letter. Just in that very week, that very week that you all  
4 went there, two days before, there is an entry for the two  
5 days before that he requires extensive assistance with respect  
6 to daily living activities. He benefits from -- what is OT?

7 MS. PAK: Occupational therapy.

8 THE COURT: And PT, physical therapy, five times  
9 weekly. He's continuing to get medication. And Mr. Young  
10 explained to them because of Ramadan he had some limitations  
11 about the timing of when he could take certain medications,  
12 which explains why he refused medications at certain periods  
13 of time when I guess they were making the rounds to offer the  
14 medication. But it's not because he doesn't need the  
15 medication.

16 Doctors also have to be mindful of people's  
17 religious faith. Heaven forbid a surgeon perform a  
18 transfusion on a Jehovah's Witness observer.

19 Is there anything else that you did while you were  
20 there?

21 MR. BEDDOE: If you will permit. When we were  
22 there, I know the medical records state that he was not  
23 independent with his activities of daily life, the things he  
24 needs to be able to do to be inside of a prison. But it was  
25 noted when we were there he was able to stand, dress himself,

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1 put on his immobilizing device for his knee and able to stand  
2 and face us and speak directly to us.

3 It was noted that the interaction we had was  
4 confrontational toward myself and Dr. Bailer when we met him.  
5 It is noted that we did witness him being able to do all the  
6 things that he needed to do in order to facilitate his  
7 activities of daily life.

8 THE COURT: How many minutes were you there?

9 MR. BEDDOE: I can say it was 15 to 20 minutes, I  
10 can't tell you exactly. But it seems 15 to 20 minutes at  
11 minimum.

12 THE COURT: There was no physical medical exam that  
13 Dr. Bailer performed, correct?

14 MR. BEDDOE: So we intended to do that, but the  
15 confrontation with him -- he stood, faced me and it was  
16 assertive or aggressive to us. It was not, it didn't seem  
17 like an appropriate time for us to do that --

18 THE COURT: Based on not having done a medical  
19 examination, nonetheless a decision was made based on the ten  
20 to 15-minute observation that it was appropriate to transfer  
21 him without having reviewed the medical records.

22 MR. BEDDOE: He also told us that he was not getting  
23 services there and he was okay to return during that visit.  
24 There was in that short time frame --

25 THE COURT: He who, Mr. Young?

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1 MR. BEDDOE: Mr. Young. We also spoke to the  
2 physician that was at the facility because he wasn't there  
3 that day we made sure we spoke to him verbally --

4 THE COURT: Who wasn't there?

5 MR. BEDDOE: There is a physician who oversees the  
6 nursing home, just like we have a physician who oversees the  
7 prison, Dr. Bailer clinically oversees the prison, there is a  
8 physician that oversees the nursing home.

9 THE COURT: Yes.

10 MR. BEDDOE: So we made sure we spoke to him as well  
11 and that he concurred that it would be appropriate for him to  
12 return to MDC Brooklyn.

13 THE COURT: You wish to respond to what Mr. Beddoe  
14 has said, Ms. Glashausser?

15 MS. GLASHAUSSER: Yes, your Honor. Thank you.

16 Of course this is the first I'm hearing that MDC  
17 apparently spoke to them saying that they spoke to the doctor  
18 who oversees the nursing home. I think that your Honor should  
19 be relying on the records that, as your Honor has pointed out,  
20 contradict what MDC is reporting. Windsor had just assessed  
21 him as needing continued care. It wasn't a random assessment,  
22 it was based on the care for him going on for months.

23 This is the first time MDC visited him at that  
24 facility although he had been there since December. It was  
25 Windsor Park taking care of him. As your Honor pointed out,

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1 they believed he needed extensive assistance and all of this  
2 physical therapy. The next page also state how his wound had  
3 been assessed that same day, March 11, his skin was assessed.  
4 Continued medication was ordered. He still has the wound and  
5 the infection and the other physical problems that led to your  
6 Honor ordering him to go to the nursing home in the first  
7 place. None of that has changed. Nothing in the Windsor park  
8 records suggests it changed. And MDC didn't examine him.

9 So it is puzzling to me as well why he was moved to  
10 MDC. Nothing about the Court's order -- the reason the Court  
11 ordered him to be in the nursing home in the first place still  
12 exists. I think your Honor should order that he be returned  
13 there. And it's especially true he's not getting any services  
14 at MDC and is just locked in his cell, ostracized from  
15 everybody else.

16 THE COURT: Sorry to interrupt you. Has he gotten  
17 any of his medications?

18 THE DEFENDANT: No.

19 MS. GLASHAUSSER: He has now the gauze and the  
20 Tegaderm patches that he got after some delay.

21 THE COURT: Medicine.

22 MS. GLASHAUSSER: Not medicine. He's saying he  
23 didn't even get the Tegaderm patches. He got gauze and  
24 Betadine, and that's all. He still has the infection. He's  
25 waiting to have the surgery that will hopefully close-up the

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1 wound and address the medical problem that he has.

2 As far as I can tell, it seems MDC made some sort of  
3 snap judgment in this brief meeting that morning to return him  
4 without looking at the medical records, without assessing what  
5 was actually going on with Mr. Young. The staff and the other  
6 incarcerated people at MDC are significantly concerned that  
7 he's back on the unit. They are concerned for their own  
8 well-being, which means that just all falls on Mr. Young.  
9 He's not able to -- he feels unsafe in addition to not being  
10 able to move at all about the facility. And is certainly not  
11 getting any physical therapy or any sort of therapy.

12 It really it strikes me -- when the MDC says it was  
13 not the appropriate time to do a medical exam, they didn't do  
14 a medical exam. It seems extremely startling that they deemed  
15 him medically fit to return to MDC.

16 THE COURT: They didn't do a medical exam. And they  
17 didn't look at the medical records.

18 MS. GLASHAUSSER: Right.

19 THE COURT: That's medical malpractice. If I go to  
20 a doctor and he makes some sort of diagnosis just because he  
21 looked at me for ten to 15 minutes, and maybe for that ten to  
22 15 minutes I was able to get up and off the changing table,  
23 but then when I go home I'm like a physical wreck and I can't  
24 move because I did exert myself at that moment, and there is  
25 no examination of prior medical history or anything else,

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1 that's medical malpractice. And then knowing that he is on  
2 medication, that he needs this medication to control the  
3 underlying condition, he gets sent without the medication and  
4 he's not provided the medication. It's very clear in the  
5 records that were provided by Ms. Glashauser that he did have  
6 a reaction to one of the medications, Humira.

7 Mr. Young, let me say this to you, it is not helpful  
8 to be confrontational ever, okay. Just a word of advice,  
9 okay. It's not going to help your situation any.

10 THE DEFENDANT: Yes, ma'am.

11 THE COURT: As frustrating as it may be, I get it,  
12 it's frustrating. It's not easy to live in pain or with a  
13 debilitating condition, but it is not helpful for you, it  
14 doesn't help your situation any to be confrontational with  
15 these folks. Because now you see they are going to sit here  
16 and use that against you. Do you understand what I'm saying?

17 THE DEFENDANT: Yes, ma'am.

18 THE COURT: Okay. But in any event, it does seem to  
19 me that the decision to transfer the defendant to the MDC was  
20 done havoc without basis of information. And I'm ordering him  
21 transferred back to the medical facility that he was in.

22 And before the MDC decides to transfer him back to  
23 the MDC, number one, notice must be given immediately to the  
24 Government and to Ms. Glashauser and to the Court. And there  
25 shall be no movement of the defendant until we have had an

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1 opportunity -- I want to be perfectly clear, Ms. Papapetru is  
2 an attorney so she will understand -- until the Court and the  
3 Government and defense counsel have had an opportunity to  
4 discuss the matter and to review whatever records and talk to  
5 whatever medical professionals are necessary to determine that  
6 in fact that is appropriate.

7 And he shall be transferred forthwith and no later  
8 than tomorrow. You were able to get him transferred out of  
9 Windsor in one day, you can do that today and send him back.

10 This is shameful. And why Ms. Papapetru wasn't  
11 advised knowing that there had been court orders issued here  
12 in connection with the medical treatment and the housing, not  
13 just the medical treatment but the housing of Mr. Young. And  
14 the warden assured me that he was watching, keeping an eye on  
15 Mr. Young's case. And why Ms. Papapetru and the warden were  
16 not advised of this change is something that I think,  
17 Ms. Papapetru, you and the warden need to address at the MDC.  
18 They can't go around doing things in secret.

19 The next time, I don't care where Dr. Bailer is, if  
20 I need a medical person, I want the doctor here. Don't send  
21 me an EMT. And I have great respect for EMTs, you do a  
22 valuable service to this country, but you're just not  
23 qualified to make any of these assessments. It just is what  
24 it is.

25 Is there anything else that I need, Ms. Papapetru?

## STATUS CONFERENCE

1 Do you need a written order for this or does the oral order of  
2 the Court suffice?

3 MS PAPAPETRU: It suffices, your Honor.

4 THE COURT: Anything else that that the parties need  
5 to discuss with me today? I know we have a conference set for  
6 May 7 in the case.

7 MS. PAK: That is correct, your Honor. I believe an  
8 order of excludable delay has already been entered.

9 THE COURT: I believe so, yes.

10 MS. PAK: Your Honor, if I may?

11 THE COURT: Yes.

12 MS. PAK: As to your Honor's order issued today,  
13 just to be prudent, the Government is asking that it be put in  
14 a minute entry order so there is some sort of text order.

15 THE COURT: Yes, that will automatically be done.

16 It will be done in the minute order. And the transfer should  
17 be done by 5:00 o'clock by tomorrow afternoon.

18 MS. PAK: Thank you, your Honor. Nothing further.

19 (Continued on next page.)

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## STATUS CONFERENCE

1 THE COURT: Thank you. If there nothing else,  
2 Marshals, you may take charge. Thank you.

3 MS. GLASHAUSSER: Thank you, your Honor.

4 (Whereupon, the matter was concluded.)

5 \* \* \* \*

6 I certify that the foregoing is a correct transcript from the  
7 record of proceedings in the above-entitled matter.

8 /s/ Rivka Teich  
9 Rivka Teich, CSR RPR RMR FCRR  
Official Court Reporter  
Eastern District of New York

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